

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-034240

STATE FILE NUMBER

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

8206

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

FILED AUG 22 1963

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN St. Louis

Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY

c. CITY
OR
TOWN St. LouisInside Limits
Yes ☐ No ☐c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Homer G. PhillipsInside Limits
Yes ☐ No ☐d. STREET
ADDRESS 1418 No. 18thReside on Farm
Yes ☐ No ☐3. NAME OF DECEASED
(Type or print)

First Winnie Middle Williams Last

4. DATE
OF DEATH Month 8 Day 10 Year 63

5. SEX

Fem.

6. COLOR OR RACE
Negro7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9. AGE (last birthday)

10. IF UNDER 1 YEAR
Months Days Hours Min.10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Nil

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Louisiana

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

13b. MOTHER'S MAIDEN NAME

14. NAME OF HUSBAND OR WIFE

Unknown

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Address

Lucille Williams- 1418 N. 18th St.,

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Uremia

INTERVAL BETWEEN
ONSET AND DEATH
Undet.Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Hypertensive Cardiovascular Disease

DUE TO (c)

443X

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Heart Failure

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY Hour Month, Day, Year
a.m. p.m.20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8-1-63 to 8-10-63 and last saw her alive on 8-10-63
Death occurred at 6:13 P. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Degree of

22b. ADDRESS

2601 N. Whittier

22c. DATE SIGNED

8-12-63

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Removal

23b. DATE

8-16-63

23c. NAME OF CEMETERY OR CREMATORY

Oakdale Cemetery

23d. LOCATION (City, town, or county)

St. Louis County, Mo.

(State)

24. FUNERAL DIRECTOR

G. Wade Granberry

ADDRESS

4202 Finney Ave.

25. DATE RECD. BY LOCAL REG.

AUG 12 1963

26. REGISTRAR'S SIGNATURE

Joan Smith, M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Edward A. Flynn

Licensed Embalmer No. 4444

P. O. Address 4202 Finney Ave.,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.